

Case Number:	CM15-0064232		
Date Assigned:	04/10/2015	Date of Injury:	02/10/2010
Decision Date:	05/13/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/04/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 46-year-old male who sustained an industrial injury on 2/10/10. Injury occurred when he stepped off a bus and sustained an inversion injury to the right ankle. The 7/30/12 right ankle MRI demonstrated mild tenosynovitis of the peroneus brevis and longus tendons, and the posterior tibialis tendon. Conservative treatment included medications, bracing, TENS unit, injections, physical therapy, and acupuncture. The 3/4/15 podiatry report indicated that the injured worker was last seen two years prior regarding the right ankle. He demonstrated significant right ankle symptoms with persistent difficulty in prolonged ambulation. Physical exam documented moderate tenderness and pes planus deformity, moderate swelling to the right ankle joint, moderate pain along the lateral foot, and some Achilles tendon swelling. Gait and neurologic exam was within normal limits. Motor function was within normal limits. There was continued symptomatic pain to direct palpation of the right ankle lateral joint line, lateral ligaments, anterior talofibular and calcaneofibular ligament. There was positive anterior drawer sign, severely painful and positive talar tilt sign, and inability to perform toe walking, toe standing, or single limb weight-bearing on the right side without assistance. He was ambulating with high top lace up ankle boot without ankle brace underneath for stabilization of gait and does continue to demonstrated difficulty with gait. There was limited right ankle range of motion, excessive on the right because of instability. There was subluxation of the subtalar joint on inversion or stress. X-rays demonstrated no arthritic changes to the ankle joint itself. He continued to perform bus driver activities on a daily and routine basis. The diagnoses included right ankle sprain/strain with chronic tear of the lateral collateral ligaments and tenosynovitis of

peroneal longus and brevis tendon. The treatment plan recommended surgical intervention to stabilize the ankle due to instability of the ankle joint and significant subluxation. In addition the pre-operative medical clearance and assistant surgeon are included in the surgery request. The 3/20/15 treating physician report indicated that the injured worker sustained a flare-up of grade 8/10 right ankle injury and had completed 12 physical therapy visits with minimal improvement. Current symptoms included grade 5/10 pain that reduced to 3/10 with medications. An updated right ankle MRI was requested as the patient had failed to improve with conservative treatment and was essential to make an accurate diagnosis and determine the best course of treatment. The 3/24/15 utilization review non-certified the request for right ankle surgery as there was no imaging evidence identifying motion at the ankle or subtalar joint.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Surgical stabilization of the right side ankle joint and repair of the lateral ligament of the right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ankle and foot chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot: Lateral ligament ankle reconstruction (surgery).

Decision rationale: The California MTUS guidelines recommend surgical consideration when there is activity limitation for more than one month without signs of functional improvement, and exercise programs had failed to increase range of motion and strength. Guidelines require clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. Repairs of ligament tears are generally reserved for chronic instability. The Official Disability Guidelines provide specific indications for lateral ligament ankle reconstruction surgery for chronic instability or ankle sprain/strain. Criteria include physical therapy (immobilization with support cast or brace and rehabilitation program). Subjective and objective clinical findings showing evidence of instability and positive anterior drawer are required. Imaging findings are required including positive stress x-rays identifying motion at the ankle or subtalar joint. Guideline criteria have not been met. This injured worker presents with chronic right ankle pain and difficulty with prolonged ambulation. He was able to perform his regular duties as a bus driver. Physical exam documented positive anterior drawer testing and clinical findings suggestive of instability. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. However, there is no specific documentation of positive stress x-rays or current clinical imaging of a ligament tear to support the medical necessity of surgery. Therefore, this request is not medically necessary.